

**Application for Federal Assistance SF-424**

Version 02

02

16. Congressional Districts Of:

\*a. Applicant 23RD

\*b. Program/Project: 23RD

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date: 11/15/2010

\*b. End Date: 11/14/2012

**18. Estimated Funding (\$):**

*a. Federal	\$222,238.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$222,238.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: \*First Name: Monica

Middle Name:

\*Last Name: Jacobs

Suffix:

\*Title: TRIBAL CHIEF

\*Telephone Number: 518-358-2272

Fax Number:

\*Email:

\*Signature of Authorized Representative: *Monica Jacobs* Date Signed: *2/1/11*

**BUDGET INFORMATION - Non-Construction Programs****SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	66.802	\$	\$	\$ 234,317.00	\$	\$ 234,317.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 234,317.00	\$	\$ 234,317.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	112,920.00				112,920.00
b. Fringe Benefits	41,521.00				41,521.00
c. Travel	9,450.00				9,450.00
d. Equipment	2,500.00				2,500.00
e. Supplies	5,000.00				5,000.00
f. Contractual		16,000.00			16,000.00
g. Construction					
h. Other	360.00	2,782.00			3,142.00
i. Total Direct Charges (sum of 6a-6h)	171,751.00	18,782.00			190,533.00
j. Indirect Charges	31,705.00	0			31,705.00
k. TOTALS (sum of 6i and 6j)	\$ 203,456.00	\$ 18,782.00	\$	\$	\$ 222,238.00

7. Program Income	\$	\$	\$	\$	\$
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Authorized for Local Reproduction

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9. Type of Applicant 1: Select Applicant Type: K. Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

USEPA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

66.802 SUPERFUND STATE POLITICAL SUBDIVISION AND INDIAN TRIBE SITE SPECIFIC  
COOPERATIVE AGREEMENTS

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

ST. REGIS MOHAWK INDIAN RESERVATION

\*15. Descriptive Title of Applicant's Project:

ALCOA SUPERFUND Remedial Investigation and Feasibility Study Support Agency  
Assistance

**Attach supporting documents as specified in agency instructions.**